

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
LAND OF HEALTH, LC

PROJECT NAME
URSA MAJOR

PROJECT ID
S550017 ✓

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/30/2004	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #
440-56-3874

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

<i>Change of Address</i>	
Contact	_____
Address	_____
E-Mail Address	_____
State	Zip
Phone	_____

Please make check payable to:
Division of Oil, Gas and Mining